

All pictures are of past, present (or perhaps future) Montana Trauma Coordinators or Trauma Medical Directors. We thank them for all the good work they have done not only at their own facilities, but also within their trauma region and for the State Trauma System.



Montana's First Trauma Coordinator >>

Karen Kemmerer, RN
Billings

This module is dedicated to the first trauma coordinator for Montana, Karen Kemmerer, RN, EMT-P at St. Vincent's Hospital in Billings.

Karen (black shirt in the center) died from an anaphylactic reaction not long after this picture was taken.

The picture was taken in 1990 in front of the makeshift "Wade Hotel" during filming of the movie "Far and Away".

"Far and Away" was filmed, in part, between Billings and Hardin, north of the interstate. This on-site medical support team (and many others not pictured) was assembled by Karen and members were volunteers from multiple EMS agencies and both hospitals in Billings. Rotor-wing support was provided by St. Vincent's Help Flight and the Air Force. The objective was to provide on-location emergency medical staff for the largest "Oklahoma land rush" scene ever filmed to date and with over 750 horses.

This was one of the first times that I remember both Billings facilities working in a such a coordinated fashion for emergency preparedness. Karen actively sought out the participation of Deaconess Medical Center (now the Billings Clinic) as evidenced by me standing next to her on the left, soon after I became the trauma coordinator at Deaconess. To my right is Tom "TC" Coble, RN, EMT-P who is now the manager of HELP Flight. The two hospitals in Billings still enjoy a cooperative relationship committed to providing optimal care of injured patients. Kim Todd, RN

- ▶ Co-leaders of the trauma program are the Trauma Coordinator & Trauma Medical Director
- ▶ Developing a trauma program can have a very positive impact on your facility
- ▶ But, this usually means change and change can be difficult
And, it takes time



Patience & Perseverance

"Patience and perseverance have a magical affect before which difficulties disappear and obstacles vanish."
John Quincy Adams

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The leadership for the trauma program comes jointly from the Trauma Medical Director and the Trauma Coordinator. Keep in mind, your trauma team members want to do the right thing for the patient. Most entered into the health care business because they wanted to help people.

As the trauma coordinator, you need to provide them with the right tools to help them provide optimal care for your injured patients. The tools your facility requires to provide optimal care need to be identified by critically evaluating the care provided and opportunities to improve the process. Tools to improve care may include education, equipment, protocols, etc. Then, just when you think you may have the program all together, something happens and you realize that it still needs work. Guess what? It will always require work! As the trauma coordinator, you'll need to continually "take the pulse" of the trauma team to find out what is going on and what you need to do to help the processes become as seamless as possible.

This picture is of Stuart "Stu" Reynolds, MD, FACS, past trauma director of Havre and also past MT Committee on Trauma chairman. Stu has been a leader in rural trauma care on an international level, was instrumental in trauma system development in Montana and continues to provide active leadership support. He coauthored the Montana rural preventable mortality studies conducted through the Critical Illness and Trauma Foundation. Stu helped to redirect the national focus of the American College of Surgeons from "Optimal Resources for the Care of the Injured Patient" to "Resources for Optimal Care of the Injured Patient", allowing for participation of

smaller rural facilities with limited resources but with the commitment to provide optimal trauma care.

- ▶ The Trauma Medical Director & Trauma Coordinator need to promote the to benefits of an evidence-based systematic method of caring for injured patients to medical staff, facility administration & staff, and EMS to get their “buy-in” and active participation



Market the Trauma Program

“There is nothing wrong with change,
if it is in the right direction”

Winston Churchill

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The Trauma Medical Director & Trauma Coordinator need to promote the benefits of an evidence-based systematic method of caring for injured patients to medical staff, facility administration & staff, and EMS to acquire their buy-in and active participation in the process. Without involvement of all “stakeholders” the local “system” is incomplete.

This picture is of Charles Rinker, MD, FAC, past trauma director in Bozeman and past chairman of the MT Committee of Trauma. Like Dr. Reynolds on the previous slide, Chuck has been involved in a leadership role in the development of Montana’s trauma system since the beginning (in the 1980s). With Stu, Chuck helped to bring ATLS to Montana and was involved in the course on an international level. Chuck continues to participate as a national and state trauma site reviewer, speaks on trauma and has authored rural trauma care chapters in trauma texts.

- ▶ Administrative support should provide for defined lines of authority to conduct comprehensive evaluation of all aspects of trauma care
- ▶ An effective trauma program crosses many departmental and specialty lines, therefore it must be empowered to address all issues that pertain to the care of injured patients
- ▶ Budgetary support



Administrative Support

The door of opportunity won't open
unless you do some pushing.
Anonymous

In order to develop a trauma program that works effectively, the trauma program leadership (the trauma medical director and trauma coordinator) must be empowered to evaluate trauma care and address all issues. There must be adequate budgetary support for the program. In the Regional Trauma Center, the trauma program should have a separate budget.

The picture is of Nancy Hansen, on the left, who is the administrator in Circle.

- ▶ Some trauma programs have identified staff to specifically work with the trauma registry
 - Data abstraction, data inputting, report generation, etc.
 - From diverse backgrounds including nursing, medical records, EMS, etc.
 - Should report to Trauma Coordinator
- ▶ The trauma registry is provided to each facility by MT EMS & Trauma Systems Section
 - Technical support is provided by MT EMS & Trauma Systems Section, other trauma registrars through the trauma list serve hhs_trauma_registry@lists.mt.gov
 - and the trauma registry software vendor
 - Biannual education provided at MT Trauma System Conference and winter trauma webinar

Trauma Registrar

“Ability is what you’re capable of doing.
 Motivation determines what you do.
 Attitude determines how well you do it.”
 Lee Holz

High quality data begins with accurate data entry

Some trauma programs have identified staff to specifically work with the trauma registry

Data abstraction, data inputting, report generation, etc.

From diverse backgrounds including nursing, medical records, etc.

Should report to Trauma Coordinator

The trauma registry is provided to each facility by MT EMS & Trauma Systems Section. Collector and Report Writer software is provided to larger facilities with larger volumes of trauma patients. Smaller facilities with fewer trauma patients are provided a paper abstract form, personalized for their facility, to utilize for abstracting trauma cases and submitting to the Central Trauma Registry at the State EMS & Trauma Systems office.

Technical support is provided by MT EMS & Trauma Systems Section, other trauma registrars through the trauma list serve (hhs_trauma_registry@lists.mt.gov) and the trauma registry software vendor (Digital Innovations).

Biannual education is provided at MT Trauma System Conference and winter trauma webinar.

Trauma Coordinator

- ▶ Someone interested in care of trauma patient & how to make it better
- ▶ In most instances, this is an RN who optimally has clinical experience in caring for injured patients
- ▶ Need some basic understanding of trauma resuscitation
- ▶ There must be dedicated hours for this position
 - The hours needed are usually related to the number of trauma patients seen at the facility



Lisa Lackner, RN Missoula
John Bleicher, RN Missoula

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The trauma coordinator should be someone interested in trauma patient care, methods to make the process work better and be willing to do what is required to make it happen.

In most instances, this is an RN who optimally has experience in caring for injured patients. The amount of clinical experience the RN has is often directly related to the size of the facility s/he works in, with many of the smaller facilities seeing fewer seriously injured patients. It would be great if you, as trauma coordinator, had experience working in a larger facility in either the ICU or ED caring for trauma patients. If that is not possible or you haven't had access to much clinical trauma care, plan to seek as much education as you possibly can avail yourself of in the care of the injured and trauma program management. It is imperative you possess some basic understanding of trauma resuscitation as many of the performance improvement issues you will identify originate within the Pre-hospital and ED resuscitation processes.

You will be expected to function as both a clinical and educational resource to your facility staff.

You might consider shadowing an experienced trauma coordinator in a busy facility to

help broaden your experience, especially in learning logistics of trauma program management.

There must be dedicated hours for this position and usually the hours needed are related to the number of trauma patients seen at the facility. In addition, it will depend on how much help you have available from other staff, such as a dedicated trauma registrar (someone who abstracts the cases either using the software or on paper abstract forms), to manage the trauma registry or an identified injury prevention coordinator.

Trauma Coordinator

- ▶ Establishes the culture for a quality trauma program
- ▶ Builds consensus among disparate groups
- ▶ Develops excellent communications skills
- ▶ Knows the facility characteristics, including strengths and weaknesses
- ▶ Possesses “system awareness”



Penny Clifton, RN Billings
Laurie Jackson, RN Great Falls

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Establish a culture within your organization for a quality trauma program.

Build consensus among the disparate groups that must work (and work well) together to provide optimal care to trauma patients.

Develop excellent (and *effective*) communications skills that are essential to enacting change, producing positive results and developing the “team” approach that is so important to optimal trauma care.

Learn your facility’s characteristics, including resources, staffing patterns, budget constraints, administrative and medical staff structures, communication capabilities, IT systems, and bed allocations. It’s important to develop an awareness of facility strengths and weaknesses. It’s essential to understand how the facility functions within itself, with the community, with EMS and for inter-facility transfers.

Possess/acquire “system awareness” which refers to how the system of care works and can perhaps work better. This can mean at the facility level, local level, regional level, statewide and so on.

Trauma Coordinator



Leah Emerson, RN
Ronan

- ▶ Trauma patient advocate
- ▶ Understands both the medical and the patient care components of caring for a trauma patient
- ▶ Trauma teams need someone who can get involved as well as step back for a clearer view
- ▶ Has ability to coordinate, multi-task, communicate, and facilitate

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The trauma coordinator is an advocate for the trauma patient. A good trauma program really revolves around what is best for the trauma patient.

The TC is someone who must understand both the medical components and the patient care processes required for providing optimal trauma care.

Trauma Teams need someone who can be involved in the resuscitation of a trauma patient as well as being able to step back for a clearer view (the “Big Picture”) to evaluate how well the team is functioning.


The TC should be able to coordinate activities, educate, lead, mentor, multi-task, change direction when it’s warranted, endlessly adapt to change, demonstrate tremendous patience and discretion, communicate with many disciplines effectively, and constantly work to facilitate processes that ensure optimal trauma patient care. (Sounds pretty simple to do, don’t you think?)

BUT, before you run screaming from the room, remember this; NO ONE EVER SHOWED UP KNOWING ANYTHING AT ALL ABOUT ANYTHING.

We all must learn this process the way we learn anything else and perfection is simply NOT the expectation (or none of us would have jobs, anyway). While everyone is in a different place in the development of their roles, we learn much from each other,

plan to share everything we have with others and use the many excellent tools that are available. So, cut yourself some slack and try not to become overwhelmed.

Trauma Coordinator Clinical Responsibilities



- ▶ Timely identification of the trauma patient
- ▶ Conducts periodic rounds on hospitalized patients
- ▶ Monitors the provision of trauma care
- ▶ Communicates with individual practitioners to help coordinate trauma patient management
- ▶ Serve as resource for clinical practice
- ▶ Coordinates development of guidelines and protocols for trauma patient care

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Trauma Coordinator Clinical Responsibilities include (but are certainly not limited to!!!);

Timely identification of the trauma patient. Many trauma coordinators review the ED log each morning to identify those patients who were seen in the ED the previous date. Some facilities develop a “trauma log” either manually or within the EMR to identify trauma patients.

If the patient was admitted to the facility, you can then plan on making “rounds” to see him/her during his/her inpatient hospitalization. Ideally, trauma patients will enter the facility through the ED unless they need an immediate intervention in the OR or perhaps embolization in a radiology department with interventional capability. If trauma patients are admitted directly to the floor or ICU, a method for early identification of these patients is needed. Additionally, if a trauma patient is NOT seen in the ED (and may have been a “Direct Admission”), take time to review care provided at the first facility or clinic to assure the patient received an appropriate workup based on circumstances, co-morbid conditions and mechanism of injury. It’s important to make sure that any such patient not seen in the ED received appropriate care and there were no missed injuries, complications or untoward problems associated with “Direct Admission”.

Conduct periodic rounds on hospitalized patients to monitor the progress of care. Plan on monitoring some routine issues such as; coordination of care, appropriate DT

administration, good pain management, completion of tertiary trauma evaluations injuries missed or identified late, nutritional status and progression, DVT prophylaxis, timely and coordinated rehabilitation measures are implemented, family and social issues are identified and discharge planning is attended to.

Monitor specific aspects of the provision of trauma care as identified above, but ensure clinical care protocols /guidelines are being followed.

Communicate with individual practitioners about the patient's care to help coordinate trauma patient management across the care continuum

Serve as a resource for the clinical practice of caring for trauma patients. If you do not know the information needed, use your resources in the region, state, and national to research the questions, find the answers and learn more as is needed.

Coordinate and collaborate with all appropriate facility departments in the development of guidelines and protocols for optimal trauma patient care. Assure all departments are given the opportunity to participate in the early stages of trauma program development to obtain their expertise, point of view, and buy-in for the end product.

This picture is of Richard Mickelson, RN past trauma coordinator from Billings Clinic, when he was helping provide emergency care during the Katrina hurricane response.

Trauma Coordinator Education



- ▶ Provides for EMS and facility staff development in trauma care
- ▶ Organizes and participates in case reviews
- ▶ Helps to standardize practice through development of care guidelines/protocols
- ▶ Assists with orientation process for hospital personnel and provide education on the trauma program
- ▶ Participates in local, regional and national trauma educational conferences

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Provide for EMS and facility staff development in trauma care through a variety of approaches; you may be the best choice for presenting the identified educational offering, you may need to enlist other “topic experts” in your facility or you may need to obtain assistance from outside the institution. Trauma courses can be brought to your community or staff/providers may attend in another location. You may be able to “partner” with other communities to co-host such courses in order to share costs and resources. Development may also consist of implementing guidelines/protocols or changing/revising policy/procedures/processes as needed.

“Case reviews” are an extremely effective method for evaluating patient care in a group and multidisciplinary setting. The trauma coordinator usually organizes case review presentations and should participate in any meetings where trauma cases and care are being discussed.

Help to standardize practice through development of care guidelines/protocols based on current evidence-based information. There are trauma websites where example protocols can be obtained and you should also consider using the other trauma coordinators in the state to obtain what they may have already put into place. Modify the guideline/protocol as is appropriate for your facility. Once changes are made or new procedures defined, that information must be shared with all affected caregivers, in and out of the facility as indicated. The effective trauma coordinator makes sure information is provided to all who need and use it.

Assist with the orientation process for hospital personnel to provide education on the trauma program and trauma care guidelines for your facility/local system. You may be an essential part of the competency assessment and validation process during orientation and periodically thereafter for new and veteran staff. This is a great way to make sure that all the personnel at your facility are aware that the hospital has achieved designation as the trauma facility by the State of Montana, what that means and how care is provided at your facility.

Participate in local, regional and national trauma educational conferences. Many educational & networking opportunities are available to you. Instead of “reinventing the wheel”, networking with other trauma coordinators, registrars and program staff will provide you with many “best practices” and an effective sharing of ideas, processes, forms and tools. We are fortunate to have a large network trauma program professionals willing to share both successful processes and pitfalls. Many educational offerings are now available either by tele-medicine or via the internet to save on travel costs in our large state. The EMSTS website also provides many additional tools and resources to share.

This is a picture of Jenni Chelmo, RN, trauma coordinator in Chester.

Trauma Coordinator Injury Prevention



Brad VonBergen, RN
Billings

- ▶ Utilizes trauma registry/ED log to identify issues to address
- ▶ Designates spokesperson for injury control
- ▶ Coordinates/participates in community prevention activities
- ▶ Collaborates with existing effective regional, state, & national prevention programs
- ▶ Joins forces with other institutions for injury prevention

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Utilize trauma registry/ED log to identify issues to address with your injury prevention activities. In recent years, many Montana trauma patients have been injured due to motor vehicle crashes and falls, so those topics may be a safe place to start. We like to use the word “crash” instead of “accident” because the word accident implies there was nothing that could be done to prevent what occurred, but the truth is, most trauma is preventable.

Designate a spokesperson for injury control. In the larger facilities, this position is often filled by someone in addition to the identified trauma coordinator. In the smaller ones, this is often (yet) another role filled by the trauma coordinator.

Coordinate and participate in community prevention activities, a great way to be active in injury prevention but not take on the entire responsibility yourself. It is often a good way to also educate others in the community about the efforts the facility has implemented to become a designated trauma center and what that means to its citizens.

Collaborate with existing regional, state, & national prevention programs that have proven effectiveness.

Join forces with other institutions in your trauma region or statewide for coordinated injury prevention efforts.

Trauma Coordinator Administrative Responsibility

- ▶ Maintains operational and financial aspects of the trauma program as appropriate
- ▶ Serves as liaison between trauma program and administration
- ▶ Represents the trauma program on hospital committees to enhance the provision of optimal trauma care



Pam Turnbaugh, RN
Poplar

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Maintain the operational and financial aspects of the trauma program as is appropriate. As previously stated, the larger trauma programs should have a separate and distinct budget. Maintaining a budget for the trauma program is an on-going challenge for all levels of facilities and can be even greater for Critical Access Hospitals.

Serve as liaison between the trauma program and administration.

Represent the trauma program, along with the trauma medical director, on hospital committees and with the hospital board to enhance the provision of coordinated trauma care.

Trauma Coordinator Performance Improvement

- ▶ Oversees and maintains performance improvement process
- ▶ Monitors trauma patient care, audit filters & develops case reviews
- ▶ Identifies individual patient PI issues as well as monitors trends
- ▶ Ensures that process & system PI issues are identified and addressed at the Trauma Committee
- ▶ Coordinates case presentation for the Peer Review Committee where clinical care PI issues are addressed
- ▶ Participates with action plan development &/or implements action plans
- ▶ Ensures timely loop closure
- ▶ Assures appropriate documentation

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Probably the most important role the trauma coordinator fulfills is to oversee and maintain the trauma performance improvement process (more about that in a later module!)

Monitor the care provided to injured patients.

Develop and monitor audit filters

Screen for the agreed-upon audit filters & develop case reviews as issues are identified that require PI

Identify individual patient PI issues as well as monitor the trauma patient population for trends

Ensure that process and system measures are identified and addressed at the Trauma Committee meetings

Coordinate the Trauma Peer Review Committee meetings with clinical care performance improvement issues being addressed

Participate with and/or initiate corrective action plans as needed for performance improvement

Ensure that loop closure is secured in a timely process, in collaboration with the Trauma Medical Director, and integrated with the hospital performance improvement process

Assure appropriate documentation of the identified issues and what was implemented to change and improve the process

- ▶ Trauma Concern forms
- ▶ Phone calls (dedicated private line)
- ▶ "Hallway consults"
- ▶ As you care for the patient
- ▶ Retrospective chart review
- ▶ Be a cheerleader, not a nagger

Identification of the Issue

John Bleicher, RN
St. Patrick Hospital , Missoula

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“Trauma Concern forms” have been developed by many trauma programs as a method for communicating with the trauma coordinator. Such forms may be placed in many different departments (such as ED, ICU, and OR). Consider providing the forms to the EMS agencies who transport injured patients to your facility. Remember, we don’t believe in reinventing the wheel and since many other hospitals already have “trauma concerns forms”, consider asking one of your trauma coordinator colleagues at another trauma facility or the State Trauma System Manager to obtain/share electronic examples you could modify for your use.

Telephone conversations can also work well as a method of informally communicating key information to the trauma program through the trauma coordinator. Providing your contact number throughout your facility as well as for those external partners outside your facility (such as EMS) is very helpful. Other entities you should provide your telephone contact information to include trauma coordinators at facilities who transfer to yours or facilities to where your trauma patients are routinely transferred. Some programs have installed dedicated private “trauma hot lines”.

Informal conversations or "Hallway consults" can be an effective method for obtaining pertinent information you can use for performance improvement. Remember; confidentiality is always paramount.

Evaluation “as you care for the patient” can be an effective method for identifying issues.

Retrospective chart review is essential to good Performance Improvement and “the sooner, the better”.

Words to live by include; “Be a cheerleader, not a nagger”. It’s always important that your communication skills are put to *effective* use.

- Many charts have no issues requiring follow-up
- Some findings need only to be trended
- Some charts must be reviewed by the Trauma Medical Director who may;
 - Determine no follow-up needed
 - Speak with involved staff/providers
 - Write a letter
 - Need review at committee (Medical Staff, Trauma, ED, Ortho)
 - Need review with EMS
 - Review at RTAC
 - Need to be sent out for review
 - Illustrate need for new policy/protocol
 - Illustrate need for education

What's Next

John Bleicher, RN
St. Patrick Hospital, Missoula

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Most charts have no issues requiring follow-up, if you have a well developed trauma program. For those just starting out, you will find many cases that will provide “opportunities for improvement”.

Some findings need only to be trended. Remember; in a small facility with limited numbers of trauma patients seen, more focus needs to be placed on individual cases. Efforts to improve care for the few cases seen need to be implemented for all cases, closely

monitored and findings trended for reporting purposes.

Some charts must be reviewed by the Trauma Medical Director. Optimally, this review is accomplished together with the Trauma Coordinator and provides an excellent opportunity for learning, case discussion and joint planning for follow-up. Be sure to document this “Level of Review” in your confidential performance improvement records.

The Trauma Medical Director may take a variety of approaches in addressing identified issues.

Approaches can include;

- no follow-up needed
- speak with involved providers and/or staff
- write a letter when there will be no chance to talk with the medical provider. While this method provides a good paper trail in your patient specific PI documentation, there are significant drawbacks to choosing this approach as an initial

form of communication. An impersonal letter may be received defensively and can produce the negative effect of alienating the individual instead of providing information in a collegial way to improve the process of trauma patient care. If you do elect to write letters, be sure to first develop a relationship with the practitioner and educate s/he regarding your trauma PI processes

- review at committee (Medical Staff, Trauma, ED, Ortho)
- review with EMS
- review at your Regional Trauma Advisory Committee (RTAC) meeting (See map of trauma regions in Montana Trauma System Module)
- request cases(s) to be sent out for external review
- illustrate the need for new policy/protocol/guideline
- illustrate the need for education that may be obtained in a variety of ways.

Trauma Coordinator As Consultant/Liaison

- ▶ Works closely with the network of people who provide care for the injured
- ▶ Serves as internal resource for staff in all departments
- ▶ Collaborates with EMS agencies transporting patients to your facility on trauma education & performance improvement activities
- ▶ Participates in local, regional, and state trauma system activities



Connie Stone, RN
Billings

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Work closely with the network of people who provide care for the injured at the facility, in your local area, trauma region and statewide.

Serve as internal resource for staff in all departments of the facility as well as EMS services.


Serve as a liaison with hospital administration for trauma-related issues as mentioned in the previous slide.

Collaborate with EMS agencies transporting patients to your facility on trauma education, case reviews and performance improvement activities.

Participate in local, regional, and state trauma system activities such as trauma conferences, including the annual Montana Trauma System Conference which is held as a preconference to the Rocky Mountain Rural Trauma Symposium each September. The conferences rotate through each of the three trauma regions in the state.

Trauma Coordinator Trauma Registry

- Oversees hospital trauma registry
- Identifies trauma patients
- Assures accurate case abstraction and inputting of required data from the medical record
- Ensures trauma data is submitted to EMS and Trauma Systems within the specified time frames
- Utilizes trauma registry to facilitate performance improvement and injury prevention efforts
- Utilizes trauma registry feedback provided by EMS and Trauma Systems for performance improvement



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The trauma coordinator is responsible for overseeing the trauma registry.

Identify the patients that meet criteria to be entered into the statewide trauma registry. Refer to the Trauma Registry Inclusion Criteria.

Abstract the required data from the medical record as accurately as possible. If this task is assigned to another, such as a trauma registrar or one of the ED nurses, quality checks need to be completed to assure the information obtained is accurate. Note trends in missing or incomplete documentation making abstraction incomplete and review of cases difficult. Improving documentation is often an initial (and worthy) PI project for most new trauma Programs.

Ensure trauma data is submitted to EMS and Trauma Systems within the specified time frames.

Utilize the trauma registry to facilitate performance improvement and the identification of injury prevention activities.

Utilize trauma registry feedback provided by EMS and Trauma Systems for performance improvement when utilizing the paper data abstraction method. EMS and Trauma Systems generates quarterly reports for the RTACs and STCC with the data obtained, which can be beneficial to the individual institution.

This picture is of Robin Foley, RN past trauma coordinator in Butte.

- This is not just about extracting data for the Registry...it's about evaluating the care delivered to the patient
- Don't miss the forest for the trees...you must consider the big picture:
 - How did this flow & were ATLS guidelines followed?
- Start from the start, not with the Discharge Summary
- Start with an open mind
- Take notes as you go
- Understand your role
- Know what you're looking for
- What's your impression...should someone else look at this? "How does it smell?"

General Tips

John Bleicher, RN
St. Patrick Hospital, Missoula

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Guiding principles/general tips from John Bleicher, St. Patrick Hospital Trauma Coordinator, include;

This is not just about extracting data for the Registry...it's about evaluating the care delivered to the patient

"Don't miss the forest for the trees"...you must consider the big picture: how did this flow and were ATLS guidelines followed?

Start from the start, not with the Discharge Summary. For best results, don't "work backwards"

Start with an open mind. It's important not to pre-judge.

Take notes as you go. You won't be able to re-create those thoughts and ideas you had, trust us.

Understand your role

Know what you're looking for

If you are evaluating audit filters, have the list in sight

If you are tabulating complications, have the list in sight

What's your impression...should someone else look at this? "How does it smell?"
(This concept courtesy of Dr Brad Pickhardt, SPH, Missoula, who knows of what he speaks!)

Trauma Medical Director

- ▶ Has authority & accountability for the performance improvement process
- ▶ Works with nursing and administration to support the needs of trauma patients
- ▶ Develops trauma guidelines and protocols
- ▶ Helps to correcting deficiencies in trauma care
- ▶ Assists in coordination of the budgetary process



Denny Maier, MD
Billings

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Trauma medical director responsibilities include, but are not limited to, factors that affect all aspects of trauma care and the trauma program including;

Recommending privileges for physicians involved in trauma care

Working with nursing and administration to support the needs of trauma patients

Developing trauma guidelines and protocols

Helping to correcting deficiencies in trauma care

Assisting in the coordination of the budgetary process for the trauma program

Possessing and exercising authority and accountability for the performance improvement peer review process

Picture of Dennis “Denny” Maier, MD, FACS, trauma director at St. Vincent Healthcare, Billings and chair, State Trauma Care Committee .

- ▶ Responsible for planning, organizing and supervising the systematic delivery of care to trauma patients
- ▶ Ensures continual evaluation of the quality of care delivered to the trauma patient
- ▶ Legislative advocacy
- ▶ Must be flexible in how the trauma program is organized to best respond to the injured patient



Medical Director Responsibility

"Management is doing things right;
leadership is doing the right things."

Peter F. Drucker

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Responsible for planning, organizing and supervising the systematic delivery of care to trauma patients and ensuring continual evaluation (and improvement) of the quality of care delivered to the trauma patient

This includes overseeing the trauma registry, injury prevention activities, actively involved as a liaison to EMS, administration, the hospital board and other agencies as appropriate.

Acting as a legislative advocate for trauma systems and care is important. Affecting change through legislative action requires commitment and effort to be successful.

The TMD must be flexible and realistic in how the trauma program is organized to best respond to the injured patient.

The picture is of **Chip Mintz PA-C**, trauma medical director in Terry.

- ▶ Ensures integration with other hospital operations
- ▶ Ensuring the trauma program “adds value” to the health of the community
- ▶ Working with other physicians, managers and staff as “partners” in:
 - Issue assessment
 - Decision making
 - Promotion of collaboration
 - Achieving results

Trauma Medical Director Leadership

“Leaders are enablers who make it possible for others to succeed by providing the means and opportunities for actions.”
Anonymous

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Ensures trauma program integration with other hospital operations, including facility-wide performance improvement

Ensuring the trauma program “adds value” to the health of the community

Works with other physicians, managers and staff as “partners” in issue assessment, decision making, promotion of integration/collaboration, and achieving results

Trauma Medical Director Surgical Director of ICU



- ▶ In the Regional Trauma Centers
 - Monitors and evaluates the quality of trauma patient care in the ICU
 - Establishes and provides continuing trauma education for staff
 - Participates in equipment/policy review and makes recommendations
 - Participates in consults with nursing staff relating to physician issues for any trauma patient
 - Recommends patient triage decisions as needed when the ICU is full

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Regional Trauma Centers which are routinely also verified as Level II Trauma Centers by the American College of Surgeons must also have a surgeon in a leadership role in the ICU, usually designated as the surgical director of the ICU. This role is usually a co-director position held in with another physician, often a critical care physician or pulmonologist (may be designated as the medical director of the ICU).

This picture is of Brad Pickhardt, MD, FACS, trauma director at St. Patrick Hospital and Healthcare, Missoula, past chair of the Western RTAC, MT ACS COT.

Trauma Medical Director Clinical Care

- ▶ Provides quality services to injured patients/families
- ▶ Oversees clinical activities of medical providers giving trauma patient care
- ▶ Actively participates in clinical performance improvement review of trauma cases
- ▶ Presents cases at Trauma Peer Review, Multidisciplinary Trauma Committee or Regional Trauma Advisory Committee
- ▶ Provides education and corrective action if required
- ▶ Participates in trauma protocol development to ensure appropriate consistent medical management of all trauma patients



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The Trauma Medical Director:

Provides quality services to injured patients and their families

Delivers these services in the most cost effective manner, including;

- maximizing efficiencies where appropriate
- capitalizing on economies of scale, expertise, and effective use of resources

Oversees clinical activities of physicians providing care to trauma patients, providing education and taking corrective action if required through the peer review process

Actively participates in clinical review of cases that have been identified through the PI process and are presented at Trauma Peer Review or Multidisciplinary Trauma Committee

Participates in the development of trauma protocols to ensure appropriate consistent medical management of all trauma patients

This picture is of Richard Gould, MD, FACS, past trauma medical director in Butte and

past chair of the Western RTAC.

Trauma Medical Director Medical Staff Relations



Greg Moore, MD Missoula/Dillon
Robert Hurd, MD Billings

- ▶ Develops ongoing communications process with medical staff
- ▶ Actively promotes trauma program to medical staff through reports and attendance at other department meetings
- ▶ Participates in outreach education and PI for facilities that refer them trauma patients
- ▶ Actively participates in development and review of annual MD stipend budget

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Trauma Medical Director:

Is responsible for team building within the facility medical staff

Develops an ongoing communications process with the medical staff, including efforts to maintain morale/satisfaction

Actively promotes trauma program to medical staff through reports, attendance at other department meetings

Directs and/or participates in outreach education and performance improvement for facilities that refer trauma patients to them

Trauma Medical Director Education

- ▶ Develops educational programs based performance improvement
- ▶ Instructs trauma education for EMS, hospital & medical staff
- ▶ Attends trauma education
 - Instructs hospital staff on new trauma care trends



Kim Todd, RN Billings
George Benzel, MD Billings
Stu Reynolds, MD Havre

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Develops educational programs for trauma staff based on results and outcomes of PI activities, and trends in patient population

Instructs EMS, hospital and medical staff trauma education programs

Attends Trauma CME courses and shares/instructs hospital staff on new trauma care trends, modalities, technology, procedures, equipment

Trauma Medical Director Performance Improvement



Kirby Peden, MD (far left)
Big Timber

- ▶ Monitors appropriateness of care to identify potential adverse trauma patient care
- ▶ Chairs Trauma Peer Review and Multidisciplinary Trauma Committee meetings
 - May assigns the role of chair
- ▶ Participates and represents facility in RTAC

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Accurate and comprehensive data collection and analysis serves as the foundation on which trauma centers exist.

When a facility is designated as a trauma center, there is an expectation of a fairly sophisticated patient specific PI process.

Participation in ,and perhaps representing the facility in the quarterly RTAC meetings, can be an excellent opportunity for networking and collaboration.

Chairs the monthly Trauma Peer Review and Multidisciplinary Trauma Committee meetings or assigns the role of chair.

Monitors appropriateness of performance indicators to screen and identify potential adverse trauma patient care requiring review through PI process.

This picture is of Kirby Peden, MD past trauma medical director for Big Timber (instructing TEAM course in Circle, MT).

- Develop mechanisms for identifying (and prioritizing) problems
- Take the time to involve lots of people as you create solutions
- Involve all those same people when you reassess
- Be flexible and open-minded
- Be sure that the organization is aware of accomplishments
- "It's amazing how much can be accomplished when nobody cares who gets the credit"

Strategies

John Bleicher, RN
St Patrick's Hospital, Missoula

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Strategies for success in managing a trauma program include;

Develop mechanisms for identifying (and prioritizing) problems

Take the time to involve lots of people as you create solutions together. You want the team to OWN the solution and have an investment in making it successful.

Involve all those same people when you reassess (the work is never done)

Be flexible and open-minded

Be sure that the organization is aware of what has been accomplished and takes credit it (for JCAHO, trauma verification, etc.)

"It's amazing how much can be accomplished when nobody cares who gets the credit"

- ▶ The buy-in you get at the back end is directly proportional to the amount of input you solicit on the front end
- ▶ People complain less when they have had an opportunity to impact the process, even if they chose not to get involved
- ▶ People really appreciate it when you help them solve their problems
- ▶ We work with the Trauma Service

Lessons Learned

John Bleicher, RN
St. Patrick Hospital, Missoula

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- ▶ Most people will do the right thing as long as they are able to do so without encountering needless hassles
- ▶ We all inherit from others...IVs from the field, forms from our predecessors...evaluate everything critically
- ▶ Staff appreciate follow-up from the Trauma Service –
 - Make a real effort to thank them for their participation

Lessons Learned

John Bleicher, RN
St. Patrick Hospital, Missoula

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Co-leading the trauma program can be an exciting and fulfilling role

- » Most of all, your facility will provide better care for the seriously injured patient and their family

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Additional Resources

- ▶ Montana Trauma Coordinator/Registrar Listserv;
hhs_trauma_registry@lists.mt.gov
- ▶ American College of Surgeons www.facs.org
- ▶ Society of Trauma Nurses (STN) www.traumanurses.org
- ▶ Eastern Association for the Surgery of Trauma www.east.org
- ▶ ACS Resources for Optimal Care of the Injured Patient 2006